



# CITY OF DESERT HOT SPRINGS

## FIRE DEPARTMENT

### OPERATIONAL PERMIT APPLICATION



**THIS FORM SHALL BE COMPLETED AND SIGNED BY BUSINESS OWNER OR A REPRESENTATIVE OF THE PROPERTY OWNER APPLYING FOR THE PERMIT(S)**



NAME OF BUSINESS:			
MAILING ADDRESS:			
PERMIT SITE ADDRESS:			
CONTACT'S NAME:			
PHONE NUMBER:		EMAIL:	
INSTALLATION CONTRACTOR:			

FOR PLANT PROCESSING & EXTRACTION PLAN PERMIT REQUEST Please provide the following information		CARBON DIOXIDE (CO <sub>2</sub> ) GAS ENRICHMENT SYSTEMS IN-PLANT GROWING PERMIT REQUEST Please provide the following information.	
1.	List the amount of flammables/combustible liquids (in gallons) on site:	1.	Type of CO <sub>2</sub> system:
2.	Total # and size of cylinders/containers:	2.	Total # and size of cylinders/containers:
3.	Location of flammables/combustible liquids storage. # of Areas (provide diagram)	3.	Total quantity cubic feet of CO <sub>2</sub> gas on site:
4.	Check all the apply: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Enclosed Room <input type="checkbox"/>	4.	Location of CO <sub>2</sub> gas storage: # of areas (provide diagram); Check all that apply: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Enclosed Room <input type="checkbox"/>
5.	Number and description of Plant Processing and Extraction Rooms (Provide floor plan).	5.	Number and description of CO <sub>2</sub> enrichment rooms (provide floor plan)

I UNDERSTAND THAT RIVERSIDE COUNTY FIRE DEPARTMENT OFFICE OF THE FIRE MARSHALL PERSONNEL WILL CONDUCT A SITE INSPECTION AND IF THE INSTALLATION DOES NOT COMPLY WITH THE CALIFORNIA FIRE CODE AND TECHNICAL POLICY THE PRMIT MAY BE REVOKED WITHOUT A REFUND. (Carbon Dioxide Policy #16-004) (Plant Processing and Extraction Policy #16-005)

Signature:		Date:	
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**PLEASE BE SURE TO COMPLETE THE SUBMITTAL FOR PLANT PROCESSING AND EXTRACTION PLAN OR CARBON DIOXIDE GAS ENRICHMENT SYSTEMS IN-PLANT GROWING (CO<sub>2</sub>)**